

P-168

Transcatheter correction of partial anomalous pulmonary venous connection

*Kanaan M. (1), Laser K.T. (1), Klusmeier E. (1), Sandica E. (2), Kececioglu D. (1)
Pediatric Heart Center and Center for Congenital Heart Defects, Heart and Diabetes Center NRW,
Bad Oeynhausen, Germany (1); Pediatric Cardiosurgery and Congenital Heart Defects, Heart and
Diabetes Center NRW, Bad Oeynhausen, Germany (2)*

Introduction: Partial anomalous pulmonary venous Drainage is an extremely rare congenital Defect. Patients with a partial anomalous pulmonary venous Drainage, if symptomatic or showing significant shunting, are generally treated with surgery. Method: A Fifteen-year-old adolescent was admitted to our Department suffering from reduced exercise tolerance and Dyspnea at exercise. The echocardiogram revealed a dilated right ventricle without atrial septal defect. The patient underwent cardiac MRI, which showed a left pulmonary vein draining to the hepatic veins with minimal drainage to left atrium. A cardiac catheterization was performed: Angiography revealed A significant left-to-right shunt via the anomalous venous connection from the left pulmonary vein via a vertical vein into liver veins and a minimal Shunt from the single left pulmonary vein into left atrium (dual drainage). After occlusion of the vertical vein with a 30 mm Sizing balloon angiography of the left pulmonary artery revealed drainage of the left pulmonary vein to left atrium without any obstruction. A 16 mm Amplatzer Vascular Plug II (AVP II) was used to occlude the vertical vein. Result: After deploying of the 16 mm AVP II angiography showed an unobstructed blood drainage to the left atrium, no residual leak over the vertical vein. Conclusion: Transcatheter therapy In partially abnormal pulmonary venous return with dual drainage is feasible and safe. It offers a good alternative to surgery in selected cases.